

To whom it may concern:

I am Dr. Michael Powers, Director of the Center for Children with Special Needs in Glastonbury and Assistant Clinical Professor of Psychology at the Yale Child Study Center, Yale University School of Medicine. I am also a licensed psychologist in Connecticut. **I am writing to express my strong opposition to the proposed changes in SB 1105 that are under consideration at a public hearing scheduled for Monday, March 7, 2011.**

I have worked with individuals with autism spectrum disorders since the early 1970s as a classroom teacher, supervisor, researcher, and as a psychologist. During this period I have been fortunate to witness the evolution of educational practice toward a well-articulated evidence-based standard of care, and I have experienced firsthand the dramatic changes in outcomes for those under my care with the introduction of such practices, particularly with the more widespread use of instructional procedures based on the science of applied behavior analysis (ABA). Connecticut recently passed legislation providing evidence-based practice utilizing ABA for children with autism spectrum disorders, where such teaching strategies were part of a student's IEP. I applauded that action as it insured those students with this disability access to research-based strategies that have been clearly demonstrated to vastly improve long-term outcomes. Unfortunately, with the introduction of the proposed changes to SB 1105 the students of Connecticut are placed at significant risk for educational harm.

The inclusion of proposed language in SB 1105 regarding those individuals who would be allowed to provide applied behavior analysis services to students with autism spectrum disorders will cause significant risk and eventual harm to those the original bill is designed to protect. The proposed changes fail to provide adequately and effectively for students with autism spectrum on several counts, outlined below.

Speech and language pathologists, occupational therapists and school counselors requiring certification in Section 10-145b with an endorsement in special education are not provided coursework in applied behavior analysis or autism sufficient to provide supervision in either of these two areas. There are no teacher training programs presently in Connecticut at the University level that have graduated a cohort of special educators with joint coursework and training specializing in autism and applied behavior analysis leading to eligibility to sit for the certification by the Behavior Analysis Certification Board. The proposed changes do not recognize the lack of preparation currently faced by these teachers and clinicians, all of whom may be able to secure an endorsement in special education. Their ability to deliver applied

behavior analysis services is thus entirely without foundation and allowing them to do so places students at risk.

Only an extremely small subset of programs training school psychologists in the United States provide training and coursework in applied behavior analysis sufficient to sit for the BACB examination. All are doctoral-level programs. Fewer still provide students with a specific course sequence in autism. No Masters or doctoral program training school psychologists in Connecticut provides a course sequence in applied behavior analysis sufficient to permit the graduate to be eligible for certification as a Board Certified Behavior Analyst. None provide a comprehensive course sequence on autism. With these deficiencies in training at the State level, it is presently impossible to assume that school psychologists trained in Connecticut would have the necessary competencies to provide applied behavior analysis services to students with autism, unless they had undertaken advanced, independent training at another accredited institution.

Allowing speech and language pathologists, occupational therapists, school psychologists or school counselors who *are not Board Certified Behavior Analysts* to provide or supervise applied behavior analysis services to a student with autism would place these individuals at risk for ethical violations and potential sanctions under their respective practice acts by their own professional organizations because they would be practicing beyond the scope of their training and clinical competency. A local or regional board of education has neither the right nor authority to place a professional (employee or contractor) in this jeopardized position. Further, if so placed it would be the ethical responsibility of any clinician to refuse.

The change from the word *supervision* to *direction* in Section 1(a)2 places students with autism at risk for harm, as *direction* in these amendments neither implies nor explicitly demands clinical competency in overseeing or managing the (purported) evidence-based practice being provided to the student. The inaccurate, inconsistent, or incorrect use of any evidence-based teaching practice is inconsistent with both IDEA and NCLB. However, without the technical competency to do so those administrators providing “direction” would not be in a position to recognize and rectify their own errors, much less those whom they are responsible for “directing”. Further, given that *direction* in these proposed changes represents an administrative action (rather than an action based upon clinical competency), there is a significant likelihood that an administrative directive would countermand or violate an LRE or FAPE educational imperative, again placing a student with autism at further risk and concurrently violating that student’s rights under IDEA and NCLB.

Section 1(c) adds that “*a local or regional board of education shall designate an administrator...to supervise (bold added) provision of applied behavior analysis services*”. Again, this language fails on several levels. An administrator without appropriate training and credentials in applied behavior analysis is not qualified to undertake such supervision, and is therefore prohibited by restrictions on scope of practice notes in IDEA, NCLB, and Connecticut

State Department of Education regulations. To allow an administrator without proper training to undertake this role would place students at risk. Further, to require an administrator to accept this role without that individual holding the proper credentials and training would expose that administrator to adverse action. To belabor this point, if a proposed amendment stated that "*a local or regional hospital accrediting agency shall designate an administrator...to supervise the provision of angioplasty*", the argument would be laughable. Finally, BCBA ethical and practice guidelines require that a Board Certified Associate Behavior Analyst (BCaBA) be supervised by a Board Certified Behavior Analyst (BCBA). To require that a BCaBA submit to supervision by a non-BCBA would put the former clinician's certification at risk, and that individual at risk for other adverse action.

The proposed amendments to SB 1105 will compromise the educational opportunity of students with autism spectrum disorders, degrade the provision of evidence-based strategies in teaching these individuals, and ultimately create a population of individuals with autism who are poorly prepared to transition from school programs into the workforce upon reaching 21 years of age. Each of these outcomes is unacceptable, and I urge you in the strongest terms possible to reject these changes.

Thank you for the opportunity to provide this information for review at the public hearing. I would be pleased to expand on these, and other points, at your request.

Sincerely,

Michael D. Powers, PsyD

Director

The Center for Children with Special Needs

Glastonbury, CT

Assistant Clinical Professor of Psychology Yale Child Study Center

Yale University School of Medicine

P: 860-430-1762

F: 860-430-1767